

## CERTIFICATE OF TRUSTEE APPOINTMENT

THIS IS TO CERTIFY, that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
\_\_\_\_\_ was appointed to fill the  
office of trustee for the \_\_\_\_\_ School District, until the next  
regular school election of said district, in accordance with [20-3-309](#), MCA.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

_____ Print Board Chair's Name	_____ Board Chair Signature
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_____ Print District Clerk's Name	_____ District Clerk Signature
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\_\_\_\_\_ School District No. \_\_\_\_\_, \_\_\_\_\_ County, State  
of Montana

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File the following oath with the county superintendent within fifteen (15) days of your receipt of this Certificate of Appointment. Upon completion of taking and filing the oath of office, you will have the rights and obligations of a Trustee of the School Board pursuant to Montana law and in accordance with [20-3-324](#), MCA. You will hold this position until your successor has been qualified.

### OATH OF OFFICE

I do solemnly swear (or affirm) that I will support, protect and defend the Constitution of the United States, and the Constitution of the state of Montana, and that I will discharge the duties of my office with fidelity (so help me God).

_____ Print newly appointed Trustee's Name	_____ Signature of newly appointed Trustee
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

_____ Print County Superintendent's Name	_____ Signature of County Superintendent
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